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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### Anomalous Tumors.

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#### DISEASES OF THE MOUTH—Continued.

Scurvy is not an unfrequent cause of formidable epulic tumors.

In Norway, where scorbutus is endemic, such tumors are most common.

A treatment, anticipatory of an epulo-scorbutic tumor, would be treatment directed against the incipient stage of the scorbutus itself.

All scurvy yields a greater or less tumefaction of the gums, but such tumefaction is regular, and may not be classed properly with tumors, as by common consent the term is understood and applied.

A scorbutic mouth could scarcely be mistaken, while the general cachexia might.

Scorbutus has every shade of character, varying from the seeming malignancy of extreme sea-scurvy, to a form of land-scurvy so mild as scarcely to require attention.

A scorbutic mouth presents the following pathognomic feature:

The gums are swollen, turgid, and passively congested; they have a dirty, dark-red, semi-fungoid look. The natural association with the neck of the teeth is lost, the dental border being jagged, ulcerated, and pus-making. The congestion, extending to the alveolo-dental membranes, the teeth, (as in pytalism,) are raised from their sockets and loosened. The gums bleed freely, but not openly and generously; the hemorrhagic process seeming one of oozeing, or draining, rather than dynamic.

The local, oral effects of the milder forms of scorbutus, occasionally present very circumscribed features, the whole force of the disease

being spent apparently on a quite limited portion of the gum. I have seen, and treated such conditions, over and over again. The cause lies in an inviting irritation caused by diseased teeth. I have never seen a case where such circumscribed scorbutic sore mouth was not so associated, and I infer, therefore, justly, I think, that such irritable condition of parts is the cause of the selection.

Scorbutus being a systemic disease, general treatment is, of course, indicated; but the best and speediest local treatment for the unhealthy mouth I have ever employed, is as follows:

Remove, *imprimis*, from the arch, all badly diseased teeth: this is the first and an important step. Next, take a sharp lancet and cut between each of the remaining teeth, down to the bone; commence your incisions at a point opposite the apices of the fangs. Let the parts bleed until the hemorrhage ceases of its own accord, then, with a soft brush, paint the parts over lightly with tinct. of iodine; repeat the iodine every day, and the incisions twice or three times in the week. The very first day will show the most decided improvement. If this plan of treatment is once tried, the practitioner, I am sure, will feel that he requires none better. There is, however, a single caution respecting the employment of the iodine. If the vital force of the gums be very low, be sure and have your tincture not too strong. The ordinary official answers very well.

Epulo-scorbutic tumors are outgrowths and degenerations of the gum itself; they may or may not have association with the periosteal or periodontal membranes. In character, they are fibroid, and not unfrequently fibro-plastic. In their earlier stages they might be likened, or indeed they are perhaps, hypertrophic inductions of certain portions of the gum itself.

The treatment of these tumors, is, however, a nicer point to make out than their diagnosis, such treatment must range between that I have just given, and the operations for resection.

Epulo-scorbutic tumors are certainly benign in their origin; but they tend like most fibro-plastic tumors, to degeneration. The practitioner should hope for much from a vigorous anti-scorbutic general medication.

There is a mercurio-fungoid excrescence of the gum occurring not unfrequently where this medicine has been pushed to an improper extent, and which may be considered very justly at this point.

When mercury is employed in excess, the gums become turgid and swollen, differing, indeed, very little from the scorbutic conditions described, certainly the only very marked distinction being in the odor of the breath.

I have seen the gums, in such cases, so fungoid as to almost completely overhang the teeth.

Treat such fungoid gums locally, just as I have directed in the last case; the rapidity of the cure is really wonderful. I need not suggest the constitutional medication necessary, I would say, however, that so far as I individually am concerned, I think I have gotten my best effect from the potassæ chloras.

Two years ago, I was consulted by the mother of a little girl suffering from necrosis of the left portion of the body of the inferior maxillary bone, the result of an improper application of iodine to a mercurially affected mouth. The vitality of the gums had been very much reduced through the severity of the pytalism. The practitioner had painted the gums heavily with very strong tinct. of iodine. The gums and periosteum sloughed in mass, from the bone, the death of which, of course, immediately followed.

I mention this case to commend care; strong or weak tincture of iodine may not be indiscriminately used.

In April last, John C——, who had been dreadfully mercurialized for an attack of syphilis, applied to me for relief from bleeding and tumefied gums. On examining the mouth I found all his teeth quite loose, while the gums presented a semi-mortified appearance; so fungoid were they in parts, that it was only through the exercise of great care that he could prevent himself wounding them, at every occlusion of his jaws.

I treated this patient locally, as I have suggested for scorbutic gums, with the exception, on his first visit, of not making my incisions quite so close together, and not quite so deep. The first application of iodine was also very

light; two days after, the tumefaction had so much subsided, and the vital forces was so much higher, that I cut to the bone between every tooth, and painted his gums quite freely. In one week's time he was entirely comfortable, and his teeth very shortly became quite as firm as ever.

The constitutional medication was ten grains of chlorate of potassa three times a day.

This is the history of certainly fifty similar cases that I have treated. I always expect a marked improvement from one day to the next.

M. Jourdain, who has written a work on Diseases of the Mouth, which, whatever may be thought of its surgery, is certainly indicative of much laborious research on the part of the author, gives, amongst others, the following instances of the epulides, and which will serve as very good studies:

*Case* —. A young woman, aged eighteen, had suffered frequently from alveolar abscess, caused by some decayed teeth in the lower jaw, especially a left molar. At length a fungoid mass, about the size of a crown piece, formed around the fistula which resulted from these different abscesses. It pressed against the cheek, was in the way of the closure of the teeth, and was attached to the gum in such a way as to preclude the use of the ligature.

I first, he says, extracted the roots of the molar teeth, found them tipped with a fleshy mass, the transverse alveolar septum destroyed, and the alveolar wall, next the epulis, pierced with holes. Fearful of hemorrhage, I resorted to the cautery, introducing it at the centre of the tumor, and passing it around so as to destroy its connection with the alveolus; then dressed it with dry lint, and prescribed a detergent gargle. A few days after, I removed a carious fragment of bone, and then cut around the fistulous centre of the tumor with a sharp-edged cautery, and dressed the wound as above. The case progressed very favorably, and in two months was dismissed.

*Case* —M. Petit, says M. Jourdain, sent to me a lady, forty years of age, who, for a long time, had an epulis on the right side, above the two last molars; the pedicle seemed to be attached directly over the first molar, which was much decayed. This tooth I extracted, and arrested the hemorrhage by compression. I then put a ligature around the neck of the tumor, by gradually tightening which, I caused it to drop off in six days. I deemed it prudent to

cauterize the portion of the pedicle remaining, to prevent the return of the disease.

*Case (Wanderviel).*—About thirty-six years ago, says this surgeon, I was called, by A. Barlingue, to see a woman who had a large tumor over the molar teeth. The mouth was drawn up on the opposite side, as if by spasm. She was, at first, reluctant to have this tumor removed, but at length, finding that it increased so much as to interfere with mastication, she consented. We used for the purpose a brass wire, by the gradual tightening of which, the tumor was, in a few days, separated. It was of cartilaginous hardness.

Buldrinus, mentions the case of a woman who had a cartilaginous tumor on the gum of the left side, which, at first, no larger than a wart, grew to the size of a pomegranate, and projected from the mouth in such a way, as greatly to interfere with the taking of either solid or liquid nourishment. It was successfully removed by ligature.

Ambrose Pare speaks of such excrescences that were of a cartilaginous and almost osseous hardness, which he has removed by ligature, followed by the actual cautery. "I have," says this author, "removed them when so large as partially to project from the mouth, rendering the aspect hideous. It was such a tumor, the livid appearance of which had deterred other surgeons from operating; and, in which I had noticed a deficient sensibility, that I succeeded by repeated excisions and cauterizations. The recurrence of disease, in this case, in spite of the cautery, was due to some implication of the subjacent bone. When not thus complicated, or deeply rooted, their cure is simple.

*Case*—Jean N. <sup>de</sup>Arshalue, Surgeon, was consulted by a lady over sixty years of age, large and corpulent, who had an epulis between the two front teeth as large as an egg. The teeth between which it had originated had separated to the distance of an inch, and projected from the alveolus so as to prevent closure of the mouth, and thus gave rise to much deformity. The best surgeons and physicians had been consulted, and had tried in vain all sorts of applications, and among them the cautery. Mons. M. at length recollecting an operation, which had been performed in a similar case by his father, proposed it in the present instance. After due consultation it was decided upon, and the patient put under a course of preparatory treatment. The base of the tumor was then encir-

cled by a very soft, untempered wire, which was tightened gradually, each day, by a pair of pincers. The separation of several pieces of the jaw-bone, on the ninth day, interfered with the continuance of the process, and the removal of the tumor was completed by a knife made for the purpose. Desiccant and astringent dressings were used, and on the third day eight or nine pieces of bone were discharged from the seat of the tumor. The carious condition of the bone was treated by the usual remedies, and the lady was restored to full health.

*Case* —.—Manget —, a man aged forty, subject from time to time to inflammatory attacks about the teeth, had a tumor over a right lower molar, which gave pain, gradually increased, and deranged the position of the tooth. The loosened tooth was readily extracted; but, instead of removing the disease, it seemed rather to give room for the granular excrescences, which, in spite of the oil of vitriol and spirit of nitre of the surgeon, grew with great vigor, till the tumor equaled the size of an infant's head, resembling in appearance a large cluster of grapes. The face, of course, was prodigiously swollen by so monstrous a tumor. In color it was partly pale, partly livid, and with a very offensive odor. In failure of all vulnerary and balsamic remedies the cautery was resorted to; but even this did not remove the root of the disease. The bone was found extensively carious, and from this centre were continuously reproduced granulations, which, in twenty-four hours, would replace what had cost tedious and painful burnings to destroy. A wasting hectic reduced the patient to a mere skeleton, yet with sufficient strength to bear up under the operations performed. Wesper was consulted, and gave as his opinion that the disease was not cancerous, but more properly a fungus growing from carious bone. He advised the continuance of the cautery, also certain desiccants suited to the pituitous, phlegmatic temperament of the patient; with vulnerary decoctions, and from time to time gentle purgatives. But the seat of the disease advanced deeper and deeper, and the patient, worn out with suffering, died after a severe colic, attended by frequent faintings. The bone of the lower jaw was found, on examination, to be extensively carious and very brittle. The tumor, partly fleshy, partly glandular, or, as Wesper expresses it, fungous, embraced the whole bone, as far back as the articulation, which it had completely dislocated. (This tumor was, evi-

dently, what more modern surgeons have called Osteoma-sarcoma; The Myeloid of Paget; The fibro-plastic of the present day—an epulo fibro-plastic tumor.)

When Jourdain, and his cotemporaries, tell us of their success in the treatment of the epulides by the ligature, we can only infer that their cases must have been of the simplest character; common epulo, polypo-fungoid excrescences, perhaps, many of them.

M. Jourdain's first case was certainly nothing but an epulo-fungoid excrescence; and which may not unfrequently be found associated with the orifice of the fistula of an alveolar abscess. I am sure I have seen fifty such cases, they are associated with bad constitutional conditions, and are the analogues of the fungus of any adynamic ulcer. The holes in the bone are always found associated with this abscess; it is through such cribriform absorption of the bone that nature makes a sinus for the discharge of the pus. The fleshy masses tipping the roots, is the old pyogenic membrane, and is also common to the disease.

Now, all the treatment really and truly necessary to have been practiced by him for the cure of this epulis was his first move, the extraction of the affected teeth; the cauterization was as unnecessary as it was cruel.

Ambrose Pare—whose mind always seemed leading him towards truth, evidently had the knowledge that epulis was no special disease; or, at least, if it was special, that it had very many grades. He easily cured some forms of the pedunculated tumors, but was unable to master those involving the bone. The modern surgeon, with a rather more advanced pathology, easily comprehends the reason why. There is a great step between M. Jourdain's case, and the last of Ambrose Pare—the difference between the epulo-fungoid of a simple alveolar abscess and the epulo-fibro-plastic of cancerous cachexia.

If the term epulis was to be confined to any special order of tumor about the mouth, the fibrous would justly have it by majority. It is very common to see this class of growths presenting at the college clinics for treatment. When the patient opens his mouth you are struck with the non-malignant looks of the tumor. If you raise up the body of the growth, you will see that its origin is from the alveoli of the teeth. If there is any difference in color between the tumor and gum, the diseased part is the lighter, particularly if the growth is not

too advanced. These tumors grow, invariably, from a periosteal membrane, either of the teeth or of the bone. Their malignant tendency is still a point in dispute. In a conversation on the subject with Prof. Gross, I find that this eminent surgeon is a strong advocate for making thorough work with them. He tells me that his experience has been very adverse to any half-way measures; that he is not disposed to trust to the innocency of any of them. By thorough work, Prof. Gross means resection.

While myself prepared to admit a natural tendency in these tumors to degeneration, yet I must advance it, as the result of what I think is a sufficiently well-grounded individual experience, that many of the growths may be more leniently, and yet successfully treated. At any rate, if I had a fibrous epulis in my own mouth, I would risk a tentative operation, before submitting myself to the severer one of resection of the bone.

This afternoon, (June 27th,) I had an opportunity, through the politeness of Dr. Merritt, of examining a fibrous tumor removed by that gentleman, on last Monday, from the mouth of one of his patients. The growth was pedunculated, and associated, apparently, as he informs me, with the alveolus of the left superior second molar tooth. It is about two inches in length, one and a half wide, and one inch thick. On cutting through the middle of the tumor, I found its interior composed of some bony substance. This substance is either bone proper, or osteo-dentine. I shall take an early opportunity to submit it to the test of the microscope. The tumor has been three years in gaining its present size. The patient can attribute it to no special cause.

Since writing the above I have visited Dr. M's patient. The growth, I am sorry to say, seems under full headway again. The alveolus has, pouching from it, a fleshy mass of the most exquisite sensibility. I am much mistaken if the resection, which will have of necessity to be made, does not exhibit this growth as associated with the antrum of highmore. The microscope will, I think, determine it to be fibro-plastic in character; and it is not unlikely that it is of a cancerous nature.

Whether or not the osseous substance found in epulic tumors be true bone or crusta petrosa, depends, of course, on the membrane from which they have origin. If this be the periodontal membrane, then it will be crusta petrosa or cementum; if periosteum proper, it will be bone.



From these cases I have given, may be inferred the diversified character of the epulides of the soft parts; and from them we may pass to still other classes—the epulo-dental, and the epulo-osteoid—the latter class embracing the osteo-cephaloma, the O. carcinoma, O. melonotic, etc.; for, according to our nomenclature, any and all these diseases become epulic when presenting upon the gum, and in classing them among the epulides, a description of them is a description necessarily of the growth as they exist, let them be called by what name they may; for, under any name they are tumors of the mouth, and as such the adjective localizes them.

*Case*.—Epulo-dental tumor, occupying the alveoli of the two first molars. The subject of this observation, (communicated in 1809,) to the faculty of medicine, by M. Oudet, the house-surgeon at the Hotel-Dieu—complained of the great inconvenience caused by a tumor in the inside of his mouth. The tumor was formed of a large mass, which had at first been supposed to be tartar. It protruded perceptibly above the level of the dental arch, and caused a large swelling on the side of the cheek. The extraction was easily made, and its form and nature could then be decided upon. According to the description given by M. Oudet, the tumor resembled a cone planted upon its summit in the alveolar cavity, and connected by its base with the crown of the contiguous teeth. It consisted of an aggregation of the dental elements belonging to the small molars, some of which, by their disposition, and their reciprocal arrangement, reproduced, in small, the form of the incisors and of the milk canines.

In this case, the pathological influence had the effect of exaggerating the elementary parts of the small molars, and then by associating them irregularly among themselves, had restored them to the condition of a solitary tooth.

*Case*.—Intra-maxillary epulo-cemental tumor united to a neighboring molar tooth. Simultaneous extraction of the tooth and tumor. M. Forget entitles this an osseous tumor, but I do not see how it could by any possibility be nearer bone than *crusta petrosa*, so I have taken the liberty to present it as a dental tumor.\*

\* According to Professor Owen, cementum, "always closely corresponds in texture with the osseous tissue of the same animal, and wherever it occurs of sufficient thickness, it is traversed like bone, by vascular canals.

A man, aged forty-five years, came from the province to Paris, to be relieved of a tumor in the inside of his mouth, which caused him inconvenience and severe pain. This tumor occupied the left side of the lower jaw, and formed a large swelling on both sides of it, especially on the external face, where it resulted in an unsightly alteration in the features.

At the small extremity of the ovoid represented by the tumor, was a carious tooth, the crown of which was completely destroyed, and a large portion of the tooth hidden by the projection of the gum that supported the morbid product inclosed in the alveolus. Before commencing to operate on the tumor, M. Maisonneuve directed the patient to have the tooth extracted, hoping that its removal would open a way for a better exploration, and easier approach to the encysted product. This preliminary operation had an unexpected and definite result, for the same stroke brought away the tooth and the tumor that was annexed to it.

The size of the latter exceeded that of a large pigeon egg, and it was connected with the tooth by a very narrow pedicle. The cut which was made in it along its axis allowed the operator to ascertain the line of intersection between the tumor and the dental root.

A microscopic examination of the piece demonstrated that the tumor did not contain any ivory, and that it was formed of osseous tissue exclusively.

The patient was not long in recovering. In consequence of this double extraction, the walls of the alveolus, which had been turned aside and raised by the tumor, subsided; a slight inflammation attacked the internal surface of the cyst, which, shrinking insensibly, gradually contracted, and was at length completely closed up.

*Case*.—Anomaly of position of two molar teeth giving rise to a tumor of the palatine arch—supposed cancer of the maxillary bone. Error of the diagnosis discovered during the operation—epulo-odontocoele.

"In reptiles and mammals, in which the animal basis of the bones of the skeleton is excavated by minute radiated cells, forming with their contents the corpuscles of Purkinje, these are likewise present, of similar size and form, in the 'cement,' and are its chief characteristics as a constituent of the tooth.

"This correspondence of the cement, which, when it exists in sufficient quantity, becomes almost identical with bone, is illustrated by the variety of microscopic structure which the cement presents in different classes of animals, and which always corresponds with the modifications of the osseous tissue of the skeleton of these animals."

A woman, forty-three years of age, entered at the Hôpital Beaujon, for a malady of eighteen months standing, which was characterized by two ulcerations that occupied the nose and the right cheek; these ulcerations were fungous at the retroverted edges, and were subject to shooting pains.

The patient exhibited, beside, a tumor of the shape and size of a walnut upon the left side of the palatine arch. It was limited on the outside by the dental arch, on the inside it passed the median line and extended, in the antero-posterior direction from the neighborhood of the canine tooth almost to the velum of the palate. Struck with the carcinomatous aspect of the ulceration of the face, Blandin, whose opinion was supported by Margolin, formed an unfavorable diagnosis of the tumor, which he judged to be of a malignant nature. He was also decided that the treatment should aim, at the same time, at the removal of the palatine tumor, and the cauterization of the ulcer of the face.

Consequently, a crucial incision was made in the tumor, the flaps were dissected, and the surgeon had already disposed himself to attack with gouge and mallet the tissue that he believed to be diseased, when, after sponging the wound, he perceived a white body, slightly brilliant, in the centre of the tumor. On touching it, he found that it was movable, and, seizing it with the forceps he extracted it. It was a molar tooth with three very short roots, but the crown was the shape and size of the first great molar. A second tooth was extracted from the same; it was not so large as the first, but like it, multi-cuspid. Great was my surprise—says Blandin—and that of my assistants; and it was only then, that by questioning the patient, that he learned that several of the teeth of the upper jaw had never appeared above the surface. He decided from this, that the intra-maxillary occlusion of the two molars, so unexpectedly discovered, had been the cause of the malady, which it had constituted exclusively.

The teeth, directed obliquely inward, had pierced the internal part of the alveolar ridge, and placed themselves between the mucous membrane and the corresponding osseous plane.

The wound in the palate was then cauterized to stop the flow of blood, the ulcerations of the face treated with several repetitions of nitrate of mercury; and the patient left the hospital two months afterwards, cured.

Were the ulcerations of the face cancerous? Blandin, at the close of the observation, reaffirms it; and according to him, there was a double malady. This view of the question is open to discussion. In effect, so rapid a cure of an ulcerous cancer, would appear unusual, and not very probable.\*

However that may be, the fact that is important, and which this observation will serve to establish, is the possible existence of tumors developed in the body of the maxillary bones, and constituted by the aggregation of several teeth transplanted in some fashion to a distance from the place of their normal development.

A like tumor occupying a point in the lower jaw, distant from the alveolar ridge, had been according to Blandin (*loc cit.* Thèse de concours) removed by Marjolin and Duval, who, not so fortunate as himself, did not discover the error of diagnosis into which they had fallen—a resection being made.

*Case.*—Epulo-odontocoele of the body of the gum, anomaly of development of the wisdom tooth revealed by anatomic germination.

Madame D., endowed with good health and a strong constitution, entered the Hôpital de la Pitié in the month of April, 1838. This woman exhibited a very considerable swelling of the right half of the jaw; it resembled in size and shape a large hen's-egg. The tumor was bounded in front by the second incisor, and behind by the coronoid apophysis.

As to the origin and progress of the disease, Madame D. stated that ten years previously, and shortly after having her teeth cleaned, which she had always had in a bad condition, a small tumor had been developed in juxtaposition with the large molar. This tumor had increased progressively, and she had experienced several returns of very severe pain, which she attributed to the decay of the teeth, three of which had successively fallen.

\* I wonder at M. Forget, from whom I take the observation, admitting, for a single moment, that this would be a question for discussion. The fungous ulceration of the face was an ulceration that I personally have treated at least half dozen times, and is the result of chronic alveolar abscess—the abscess in this case was, without doubt, associated with the tumor, and I am sure such communication would have revealed itself to a proper examination, the cure of the tumor would have been the cure of the ulcer, and the nitrate of mercury was an unnecessary application—not harmful, but unnecessary. I had under treatment, only a few weeks back, a gentleman, suffering apparently with a reloid tumor on the cheek, with a discharging fistula in its centre—the fistula communicated with a dead tooth.

Chronic alveolar abscess discharging through the cheek will put on all kinds of features, but so far as my experience goes, the taking away of the cause generally cures all the evil.

The extent of the disease induced Lisfranc to make a re-section of the half of the jaw. The operation was followed by a prompt cure, and Madame D. quitted the hospital in six weeks, cured.

The examination of the atomic section, exhibited a considerable induration of the soft peri-maxillary parts, and under them, a development of the body of the jaw; in the centre of which was a vast cavity filled with a sanious and purulent liquid. This cavity was formed by the two tables of the maxillary which were very thin, and reduced at points to the mere thickness of the periosteum. The bottom, formed by the base of the bone, which was very much widened, presented in projection the crown of the wisdom tooth at the interior of the cyst. This tooth was thrust horizontally against the base of the coronoid apophysis, and was firmly encased in calcareous tissue—The anomalous position and regular development exhibited by the tooth in this vicious situation, can leave no doubt as to the part that it had played in the production and successive evolution of the disease of the bone. An analytical examination of the anatomic section lead to the conclusion that the wisdom tooth could not become enlarged without exciting a continual pressure upon the neighboring teeth, and that the pressure was the cause of the prolonged suffering endured by the patient, as well as of the inflammation of the gums, and the decay, loosening, and spontaneous fall of the teeth.—Forget.

See the second paper of this series, "Surgical Relation of Anomalous Dentition."

M. M. Nelaton and Maisonneuve communicated to M. Forget for his essay, two other facts not less interesting than the above, both differing, however, as to the nature of the lesion, but both agreeing as to the original morbid disposition which appears to have been the point of departure.

To appreciate fully the character of these epulo-dental tumors, we must study for a few minutes the physiological and pathological association of dentinal evolution, having accomplished which, we will find ourselves masters, not only of this subject, but will find that we are only the better prepared to enter on the consideration of the next order of the epulides, the epulo-osteoid.

(To be continued.)

### Water: its History, Characteristics, Hygienic, and Therapeutic Uses.

BY SAMUEL W. FRANCIS, A.M., M.D.  
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(Continued from page 287.)

How often are the rivulets and streams in history made the theme of inspiration; the source of many marvellous romances and the fountains of associations most beautiful;—thoughts surpassingly poetical; events, in their issue, most instructive.

The "cærulean Tiber," likewise called "Albula," from its purity, and "Flavus," from its color, is closely identified with the history of Rome and its many depraved, yet talented emperors. How touching the appeal in Virgil, the student's favorite:

*"Nymphæ, Laurentes Nymphæ genus omnibus unde est,  
Tuque, O Tybre tuo genitor cum flumine sancto,  
Accipite Ænean, et tandem arceat pericla."\**

The Tyrrhenus Animis ("Tuscan river," ) is still an object of quiet interest to the speculative traveler while sojourning amid the scenes of childhood's memories and surrounded by the pleasantest associations of by-gone ages, still present to the poet's mind.

The story of the famous lover, Leander, who swam the Hellespont to win the hand for which he sued, is at once a romantic tale, full of noble sentiments, and suggestive of the suitor's superior fortitude. Thus, risking life amid the watery deep, he won the plaudits of admiring generations.

The Clitumnus, a river emptying into the Tiber, was rendered famous for its milk-white herds that wandered peacefully along its banks, the future-chosen victims for the sacrifices unto gods.† The modern Aspro Potamo, the Achelous of antiquity, was employed as a representative of all the waters and rivers mentioned by most of the classical writers, and the expression of the Oracle at Dodona, "to sacrifice to the Achelous," indicates the estimation in which the river was held by them and the use made of the superstition experienced concerning its vast power over countless numbers of helpless mortals, "Ἀχελῷον πᾶν πηγῶν ὕδωρ" was a phrase commonly uttered by the sages, and whispered among the poorer and neglected slaves.

Bathing has been employed as a means of ablution and pleasurable sensation from the time of Naaman to the latest modern "Psycho-hydropathists," with all their newest appurte-

\* Virgil *Æneidos*, Liber. viii. 71.

† Virgil's *Georgics*. Juv. 12, 13.

nances and collateral auxiliaries. Whether it be the laving in the gently flowing stream as it glides by with easy murmuring, or the more exhilarating, healthful bracing of the mounting surf, man has ever been accustomed to enjoy the cool, refreshing bath in some sequestered spot. The ancients, as is well-known, set aside certain portions of the day for this most proper and important duty, and while the more stoical entered the "Cella Frigidaria"\* to experience the pleasurable sensations of its sudden shock upon the nervous system, the man of elegance and ease indulged with cautious interest in the mild tepidarium preparatory to the second stage of sensual enjoyment, the caldarium, or the more energetic and satisfactory solium, thereby passing through the different processes of the warm air bath, the vapor, and lastly, the most efficient in disease, the warm bath, which finally became the duty of the laborer and the pleasure of the epicurean.

Pliny gives utterance to his sentiments on this branch of hygiene with a judgment and perspicuity that cannot be surpassed in the present age. Speaking of salt water says:

† "Hence it is that the widely-diffused sea is impregnated with the flavor of salt, in consequence of what is sweet and mild being evaporated from it—whatever is produced in any other department of nature is to be found as well."

There is no end to the wonders connected with the nature of waters.

In Aristotle there are some suggestions worthy of remark, elucidating the opinion of the times in which he lived and significant of his own approval. The following from him is singular:

‡ "As the sun is continually evaporating the water of the sea, it must eventually be dried up."

But the falling of dew and showers of rain reply to this assertion.

§ Many of the Athenian baths were built after the old Roman model. The strigil of Rome, and the *στρίγις* or *ξύστρον* with which the Greeks scraped their bodies on emerging from the water, were identical in shape and use.

The *Βολαναία*—*δημόσια* or *ἰδία* were much frequented when once their beneficial effects were ascertained and fashion stamped it as an honorable practice. But though much freedom was granted to the poorer classes, and the

liberty of bathing, at certain hours, not prohibited, still the *θερμὰ λουτρά* mentioned so beautifully by Homer, were forbidden to be built in the city of the Greeks, there being a great prejudice among the Lacedemonians with regard to the use of warm water. It was the opinion of the Spartan leaders that all warm applications served only to enervate the frame and render effeminate the constitution. Even Socrates and Demosthenes esteemed the constant habit of bathing a useless waste of time and an injurious occupation for a hardy race of soldiers. Thus we see that even among the most learned of their age, the ancients found an equal amount of positive difficulty in introducing the simplest novelty, though it were based upon the soundest laws of health and proved in its issue of incalculable benefit.

In a work published in London, in 1706, entitled *Ψυχροποιΐα*—or the History of Cold Bathing, by Sir John Floyer, of Litchfield, there are many curious statements indicative of a period long since looked upon as antiquated in theories of science, but regarded as amusing, as well for their ingenuity of arrangements and apt citations of quaint old philosophers. This only serves to prove the onward march of investigating minds, in bringing to light numerous facts as yet hidden beneath the folds of phenomena, remaining as problems, to be worked out by the searcher after truth, or discovered by the happy sojourner in the land of analysis.

Dr. Samuel Johnson delighted in the perusal of these pages. And well, indeed, might one enjoy the chronological history of immersion; the superstitious views concerning the proper time for cold bathing and the various methods adopted by different nations. All these statistics were carefully collected from the earliest records of humanity down to the present use of the medicinal wells of Europe, bringing about numerous cures of miraculous cases that baffled the physician and confounded the student of Hippocrates.

Among the ancient followers of hygiene, we find singular remedies based upon a general law of analogy and founded likewise upon the simplest deductions of a thoughtful conception. Experience, at that time, was the great school in ethics. Knowledge dwelt among the old; and traditional principles, of practical value, were handed down from the father in medicine to the aspiring offspring. And yet we find, on looking over "some quaint and curious volumes

\* Anthon's Roman Antiquities.

† Pliny's Nat. Hist.

‡ Aristotle Meteor. II. 1.

§ Anthon's Greek Antiquities—Baths.



of forgotten lore," that there was a hidden vein of truth, that, in the modern period of microscopic certainty and chemical analysis, not to be disputed, still remains as an old landmark, pointing, with its worn away milestones, the road to knowledge and the path to fame.

Celsus recommends, for cerebral infirmities, a free use of cold water: "Capiti nil æque prodest atque aqua frigida. Itaque si cui hoc infernum est, per æstatem, id bene largo canali quotidie debet aliquando subicere, semper tamen etiam si sine Balneo unctus est, neque totum corpus refrigerare sustinet, caput tamen aqua frigida per fundere debet."

Constantine was reported to have been cured of his leprosy by baptism in the pond which he saw in his vision, in which Pope Sylvester afterwards dipped him.\* Claudius was also *thus miraculously benefited*. †Hippocrates likewise recommended a moderate use of cold and warm water in alleviating the sufferings of patients afflicted with pains, rheumatic or otherwise. Thus, one of his favorite expressions was: "ὀδυνην ἀνεκκρίστον ποιεῖ." And Ælian noticing that wild pigs, after being poisoned by henbane, by drinking freely of water recovered, invariably proposes, in all cases of narcotic poisons, cold baths.

At the present time the various modes of bathing, peculiar to different countries, are singular in themselves, and instructive to the traveller. Acerbi tells of the Norwegian mode, which certainly is most efficacious in its action on the surfaces of the body. The bathers enter a spacious room, arranged for the purpose and mount shelves which are placed around the apartment. An immense stone is then heated and placed in the centre and water being poured on it, dense clouds of vapor rise up and envelope those who are above. An assistant then goes round beating the fortunate ablutionists with little switches. When a complete sudorific effect is produced by the action of the heat and exciting influences of the hygienic castigators, the more hardy run out and plunge into the embankments of snow, with zeal and pleasurable enjoyment. They state that this sudden change from intense heat to cold is conducive to health, and at once productive of a free circulation.\*

This mode of bathing is likewise practiced in Russia, with similar arrangements, slightly modified. The North American Indians,

carrying out the principle of diaphoresis when the lungs are congested, as in pneumonia, or when the system is disturbed by a general cold, wrap the invalid up in a thick fold of blankets, and by this means "sweat the irritation away," † while the inhalation of the heated vapor serves to relieve the bronchial inflammation and promotes secretion, exudation and consequent expectoration.

When Franklin strove to chain the subtle fluid and render subservient to man that amber witch, that for centuries had wandered, with a lightning speed, from pole to pole, spanning the heavens with an easy stride and silencing with wonder and amazement the inhabitants of every clime, he vainly tried to identify electricity and lightning. Quietly entering a field, he raised a kite with thread and waited for the approaching storm to ascertain the truth of his surmisings. The elements commenced their warfare with an earnest zeal. Æolus lashed on the cloudy chariots to closer combat; and ever and anon the flash of fury betokened rage, and indicated the presence of the longed for spirit fluid, with its waif-like movements. The cause of science was near abandoned, and philosophy began to leave the field for other generations and more fortunate investigators, for a definite description of this most mysterious agency. All seemed in vain. The fatal moment that was to pronounce the laboring printer more than great, and render philosophy synonymous with his name, was now at hand. But nothing came. Mortal man had done all he knew to ascertain a fact and shrank within himself, conscious of his own too feeble efforts. But nature, ever mindful of her busy followers, drops gentle tears of sympathy from the forgiving clouds, along the narrow path to glory; and obedient to the dew of promise, immediately folding up her pointed wings, electricity descends, never before subdued, submissive to an earthy being and lays bare the mysteries of science. "Benjamin Franklin, printer," grasps the key to knowledge: the "imponderable fluid pervading all material objects, now becomes a chained law and the discoverer is classed among the greatest men of modern times." Had not water come to aid him in his most perplexing difficulties, where had been his victory?

—o—  
*Medical Conundrum.*—Why is the ulna sometimes called the "funny bone?" Because it is next to the humerus, (humorous.)

\* Prodit novus Constantinus ad lavacrum delectos lepræ veteris morbum.—Reg. Taron, lib. 2.

† Hippocrates, lib. v.

\* Acerbi's Travels.

† Carver's Travels.

### Homœopathy and its Results.

By JOHN SWINBURNE, M.D.,  
Of Albany, N. Y.

Of all the "isms" that prevail in this enlightened age, there is none so destructive to human life, and so well calculated to augment and prolong human suffering, as homœopathy. A system of medical practice based upon the "similia similibus curanter" of Hahnemann, to an intelligent and well educated physician, is so absolutely ridiculous, that it only excites his contempt; but to those outside of the profession, and upon whom he is called to exercise his medical skill, the alliterative Latin motto, and the *sugar pill* seems to have peculiar charms. The mystery and obscurity in which the system of homœopathy is veiled, is calculated to delude the credulous, and often lead them to choose for their medical adviser the ignorant buffoon, with his *sugar pills* of magic power, and infinitesimal doses of the quintessence of nothing, in the place of an educated and scientific man, who has made medicine and its concomitants the study of his life. And, not unfrequently, that choice dooms the unsuspecting victim to a miserable existence the remainder of his days, or consigns him to a premature grave.

It is not my intention, in this paper, to enter into a discussion of the merits or demerits of the system which owes its paternity to Hahnemann, nor is it my purpose to institute a comparison between it and the true science of medicine; but, in order to expose the ignorance that prevails among the converts to this heresy, and hold up homœopathy in its true light, I will submit a few cases that have come under my immediate observation, and add what comments I deem necessary to each particular case.

In giving publicity to the practice, or rather *mal-practice* of some of the disciples of the German demi-god, I will "nothing extenuate nor set down aught in malice."

Case 1.—Mrs. ———, æt. twenty-four, first labor. Being a stranger in the city, a doctor of the Hahnemann school was called to see her, and remained for about twenty hours, at which time he requested that another physician should be called, informing the husband that he was "tired out," and could not finish the delivery.

A messenger was sent to my office, and I obeyed the call, and found, on inquiry, that the lady had been in labor about thirty hours, du-

ring twelve of which the child's arm (the presenting part) was entirely external, while its shoulder was firmly impacted in the mother's pelvis. The wrist, elbow, and shoulder of the child was nearly torn off by the attending *sugar* doctor and his *quartette of council*, in their futile attempts to drag a large, healthy child through the inferior strait, double. I found the patient greatly exhausted, and free stimulation was resorted to. After some little effort on my part, the child was turned and delivered, and to my utter astonishment and disgust, I found the entire soft parts separated from the ribs, front and rear, beginning just anterior to the shoulder joint, severing the pectoralis muscle beneath the skin. The posterior wound passed close to the spine of the scapula, and extending across the posterior portion of the chest, between the ribs and skin.

Upon inquiry, I found that the *sugar doctors*, (having been foiled in their attempts at extraction by the arm,) had used the obstetrical forceps with great force, but failed in delivering the woman, for two reasons—First. They were unable to *apply the forceps fully*; and, Second. They would slip off. Here, then, was the solution of the matter: they had absolutely used sufficient force in applying, or attempting to apply the forceps to the child's chest, so as almost to dissect cleanly the soft parts from their bony connections. That the child perished, there is no wonder; that the mother was not **MURDERED** was not the fault of the empirics.

That such men are allowed to practice medicine, and hold themselves up as benefactors of their race, is neither surprising nor wonderful, when we analyze the masses, and see how unwilling they are to *think*, and how eagerly they grasp anything that partakes of the marvellous, miraculous, or even the ridiculous. Another potent reason why such vampyres are allowed to prey upon the lives and health of their fellow-men, may be found in the fact, that many of our wealthy and influential citizens, who have nothing to do, "and nothing to wear," are the substantial patrons of *quackery* in all its forms, while honest merit, intelligence, and industry, are allowed to starve in a garret.

That the child, in the above case, was sacrificed, perhaps, no one can say; but if we judge from probabilities, had it been properly managed from the commencement of the labor, the child turned and delivered, no attempt been made at extraction by the arm or forceps, the inference is, that the mother would have been

saved many hours of severe pain in labor, and the child, perhaps, its life. The mother, from thirty hours travail, producing frightful distortion of the air-cells of the lungs, which this same *sugar doctor*, four months subsequently, mistook for *tuberculosis*, and passed sentence of death upon her by this horrible disease. What mental anguish, as well as bodily suffering, was this misguided woman doomed to endure on account of a miserable empiric!

This same disciple of that prince of humbugs, Hahnemann, and two of his substantial advisers in the above case, are still in this *doomed city*, flourishing upon the credulity of citizens, who pride themselves upon being intelligent upon all subjects, and especially upon the science of medicine.

*Case 2.*—T. C., aged fifty years, in 1860 was attacked with what was termed by the *doctor* "ulcerative sore-throat." The worshipper at the shrine of homœopathy, who manifested so much skill in diagnosis, continued to treat the case for about six months, when death terminated her sufferings. About three months prior to the death of the mother, the daughter was attacked with a similar disease. This same son of Hahneman attended *her* for six months, and then gave her over to die.

At the expiration of that time I was called to see her, and found her in the following condition: Skin bloodless and clammy; tongue pale and flabby; pulse feeble and intermittent, with severe attacks of angina pectoris; urine scanty and passed with difficulty; soft palate, and fauces destroyed by ulceration, requiring the closure of the external nares to prevent "nasal regurgitation" whenever liquid food was swallowed. Large phagedenic ulcers on the forehead, cheeks, chin, breast, body, and extremities, many of which were three inches in diameter.

I immediately put the patient upon porter and other stimulants *ad libitum*, and nourishing diet. For a wash for the ulcers, I used a strong solution of the cupri sulphas, as a gargle, the potassæ chloras, dressing the ulcers with ointment of calomel and lard. Internally, as an alterative, I gave her potassæ iodidi and iron, alternating. In six weeks the patient was well.

Comment upon this case seems almost unnecessary, yet for the benefit of the public I will present a statement of what drugs had been used by the intelligent (?) physician who first attended the case.

I found four packages of powders, which were submitted to a careful analysis, three of which contained nothing but sugar—the fourth package was found to contain one-fourteenth of a grain of corrosive sublimate to each powder, which the patient had been taking, at intervals of three hours, for some days; during which time she had suffered from retching, vomiting, burning in the throat and stomach, angina and difficult micturition; also, slight salivation. Can any one doubt the cause of all these symptoms? Would not this drug produce symptoms precisely the same? Are these purely homœopathic doses?

*Case 3.*—Mr. P., aged forty, strong and healthy; weight one hundred and eighty-five pounds. In 1861 was taken sick, and attended by a "knight of the sugar pill" for about sixteen weeks, when he was doomed to die of "quick consumption." At this period I was called, and made a careful examination of his chest, and found one side filled with fluid—the result of a pleurisy or pleuro-pneumonia. This collection (pus) was being discharged through the bronchiæ, and had something of the appearance of the expectoration of phthisis, to the uneducated.

I found him completely exhausted and unable to raise himself in bed. I at once gave him the potassa iodidi as an alterative, and porter, wine whey, etc., as stimulants and tonics, together with a nourishing diet. He continued to discharge from a pint to a quart of pus daily for several days, when the dullness in percussion gradually declined, as did, also, the expectoration, and convalescence was established.

At the date of this report he is well; having regained his flesh and strength, and not a single symptom of *consumption*. He is likely, from his present appearance, to live to a ripe old age.

So confident was this empiric that he was right and I wrong, that he remarked to the friends of the patient, "That if Dr. S. could cure this patient, he would like to see the medicine with which it was done." I am under the impression that he would not have been enlightened much by seeing it, unless he understands *materia medica* better than he does pathology.

*Case 4.*—Mrs. P. A. E., of Lewis county, New York, aged forty, of good constitution, had borne two healthy children—both natural labors—the elder of whom is now about sixteen years of age, the younger fourteen. In 1860

she became pregnant; but from her age, and the length of time that had elapsed since the birth of her last child, she feared it was a false conception. She therefore applied to one of those vampires, known as Homœopathic doctors, for advice. He advised the *induction of abortion*; to accomplish which he continued his visits for three months, to the tune of one hundred dollars charge, and the entire destruction of the woman's health, without accomplishing the desired result. For various and sundry misdemeanors he was driven from the county. But, (after the manner of the fable of the fox and the flies,) another hungry *cormorant*, who had recently risen from the *bench*, (shoemaker's,) to the dignity of a Homœopathic doctor, was employed, who advised an operation, which was accordingly performed. What the nature of the operation was, I am unable to learn; but suffice it to say, that a large flow of blood followed, and from that time until the date of my visit, about four months ago, she was confined to her room, and much of the time to her bed; suffering, doubtless, as much mentally as physically. Her pseudo advisers having told her that she could not bear a living child.

About the eighth month of her pregnancy, I made a careful examination, and found that the fetus manifested great activity and vigor. Taking into consideration the fact that her health, previous to her treatment by the brace of empirics referred to, had been good, coupled with the condition of the child, I advised her to remain quiet, employ an intelligent physician, and await the result, which, with care, I assured her would be a happy one.

Three months after I was in the village, and found she had taken my advice, was then well, and the mother of a healthy female child, two months old.

Comment in this case is superfluous. In fact there is nothing remarkable in any of these cases, except their preliminary treatment. Every practitioner of medicine meets with similar cases almost daily; and yet, these men, with the exception of the "ex-knight of the lapstone and hammer" stand high among their professional brethren.

[*Quere*—Whether the cases mentioned above do not show more forcibly, the results of ignorance in diagnosis, and of the proper application of remedies, than they prove the unsoundness of the doctrine "*similia similibus curantur*?" Do not regular physicians, sometimes, make like errors in diagnosis and treatment? Would the deduction be logical, that *therefore* medical science is a "humbug" and doctors all quacks?]

## Medical Societies.

### TRANSACTIONS OF THE BROOKLYN MEDICO-CHIRURGICAL SOCIETY.

*Special Meeting of June 11, 1861.*

Daniel Ayres, M.D., President.

#### COMMITTEE REPORT ON THE CONTAGIOUSNESS OF CONSTITUTIONAL SYPHILIS.

At the meeting, on the 25th of May last, the Society passed a resolution "that a committee of three members be appointed by the chair to inquire into the contagiousness of constitutional syphilis."

In pursuance thereof, the undersigned were appointed such committee, and do respectfully report:

Until a comparatively recent date, the opinions prevailed—

- 1st. That primary syphilis alone is contagious.
- 2d. That all infection begins with a hard chancre.
- 3d. That constitutional syphilis is not transmissible, because it cannot be inoculated.

It appears that these views originated with John Hunter, who had evidently derived them more from reflection than experiment. At a later period, Ricord instituted a series of inoculations with syphilitic virus, chiefly for the purpose of establishing indisputable proofs for its transmissibility, which, in France, was seriously doubted. Besides the most unqualified success in this respect, Ricord obtained results which, in every particular, coincided with Hunter's views. He, therefore, not only adopted them, but he so assiduously labored for their diffusion and ascendancy that they at last became the dogma of the day. Indeed, the experimental facts brought forth by Ricord seemed to be so strong, and his arguments so plausible, that even the greatest skeptic could not withstand their obvious conclusions.

From time to time, however, clinical observations were put on record which did not exactly accord with Ricord's views. These were either coolly frowned down by the numerous adherents of Ricord or arbitrarily pronounced non-syphilitic, or primary infection.

The clinical evidences became, however, more numerous and stronger, but they were met with the same plausible refutation, "that constitutional syphilis was not inoculable, and therefore not contagious."

Strange to say, during the whole discussion upon the contagiousness of secondary syphilis, the name of William Wallace, of Dublin, was not even mentioned, and yet he had almost contemporaneously with Ricord, undertaken the same experiments, the results of which were diametrically opposite.

As early as 1835, Wallace had already acquainted himself with the fact that, although constitutional symptoms could not be translocated on the same individual, yet they would take effect upon a healthy one. His lectures on this subject were published in the London *Lancet* in the same year, and 1838, in the form of a monograph, under the title, "*A Treatise on the Venereal Disease and its Varieties*; new edition: London." In relating his experiments,



Wallace indicates the cause why the inoculation of secondary virus, by Hunter and Ricord, had been negative; why a mother suffering from constitutional syphilis cannot be infected by her child, unless her disease had been mitigated or relieved by appropriate treatment, in which case the inoculability became re-established. He describes the method of inoculation adopted by himself, and states the period of incubation for the constitutional virus to be longer, mostly several weeks.

Wallace's meritorious labors in England fell dead, and in France Ricord took good care of them. Waller's three successful experiments by inoculating the blood of constitutionally syphilitic patients upon healthy individuals, (first published in the *Prager Vierteljahrsschrift*, 1851, I, and subsequently in *Gazette des Hôpitaux*, Nos. 18 and 22, fév. 1851,) Vidal's effective inoculations of the pus of secondary ecthyma pustules, followed by a similar one of Cazenave, (*Annales de Mal. de peau* 1851,) brought the subject before the Société de Chirurgie of Paris, and gave rise to an animated discussion, in which Ricord took a part. He doubted the correctness of their diagnosis, and suggested that the alleged ecthyma pustule might have been a primary erythematous chancre, and in this most convenient way Ricord partially succeeded in surrounding the subject with new doubt, and saving his dogma from annihilation.

During September and October, 1852, the subject "sur la transmissibilité des accidents secondaires" was held before the Academy of Medicine of Paris, and discussed in six successive meetings. The greatest minds of France joined in the proceedings. A great deal of heterogeneous material was adduced. Reminiscences of practice; incidental observations and loosely-drawn sketches of interesting cases, could, of course, not upset the brilliant oratory and dialectics of a man who had seen and experimented a great deal, and systematized his observations.

At the end of that memorable discussion, Ricord exclaimed, "All he had heard had rendered his views still clearer and stronger, that secondary symptoms were neither inoculable nor transmissible; not a single fact had proven the contrary."

His chief rebutting argument was, again, that an error had been committed by inoculating essentially primary virus instead of secondary. Neither form, seat, nor duration could be admitted as conclusive proofs, but inoculation; and it was a very difficult thing to discriminate between primary and secondary forms. These objections were so powerful as almost to render a solution impossible. At that occasion, Wallace's merits for the elucidation of the subject were exhumed, and were republished thirteen years after their first appearance.

Vidal, in his later work, "Sur les Maladies Vénéreuses, Paris, 1859," has done justice to him, which was withheld by his own countrymen.

About the same time that the French Academy of Medicine was occupied with the subject, Rinecker, of Wurzburg, in the *Verhandlungen der Physikalisch-Medicinischen Gesellschaft*, published an essay on the contagiousness of constitutional syphilis, which throws a concentrated light upon the subject. In the first place, he relates a number of clinical cases which clearly demonstrate the transmission of secondary

symptoms from individual to individual, without the occurrence of primary chancre at all; consequently, a diffusion of the disease ad infinitum. And he thinks that they are as fertile a source for the propagation of secondary syphilis as the *venus vulgiva* for the primary form. For instance, one case in which a mother transmitted the disease to her baby; this to the grandmother; the latter to another child, with which she shared the same bed; and, in fine, the disease was carried into another family, and so on. He never succeeded in inoculating secondary virus upon patients already infected with constitutional symptoms, and corroborates Hunter, Wallace, Ricord, Waller, and others, on this particular point.

Rinecker then gives the cases from which he severally derived the virus, and relates his experiments as follows:

*Case 1.* Broenner, servant, aged twenty-eight years, received into the Julius Hospital, of Wurzburg, on the 9th of June, 1851, suffering from syphilitic acne about the nose and chin; broad secreting condylomata at the large labia and anus, and leucorrhœa, causing erosion of the integuments. She was, moreover, in the fourth month of her pregnancy. There was nowhere a trace of a primary ulceration. The repeated use of Ricord's pills and appropriate external applications subdued all the symptoms, and she was discharged cured on the 7th of July. Up to the 17th of November, she states to have been quite well, when she, at the lying-in department, gave birth to a weak, but apparently healthy child, which was immediately transferred to the care of a nurse, and artificially fed.

*Case 2.* On the 9th of December of that year, the same baby was brought to the polyclinic, moderately atrophic, and affected with diarrhoea and erythema about the nates. There were then no indications of secondary symptoms. Whilst under treatment and improving, flat condylomata appeared at the genitals, inside of the thighs, plaques moueuses on the lips and the tongue; soon after a lenticular syphilide on the face, and, in fine, onychia on the fingers and toes. The baby became marasmatic, and died on the 12th of January.

*Case 3.* The nurse, in the second case, having become sick, the child had to be placed under charge of another person, a girl twenty years of age.

In the very first days of January, this person exhibited flat tubercles, which soon became superficially excoriated, cracked, (rhagades,) and covered with a thin scab. From the right angle of the mouth, that affection diffused pretty extensively; in the oral cavity, it assumed the form of slime plaques. A most careful examination of the girl disclosed no traces of primary symptoms, and the genital organs were in a state of perfect integrity. The mode by which the transmission of the virus, from the ward to the nurse, had been effected, had been through the spoon used in feeding the baby. Sometimes the nurse had pressed the lips upon the child's mouth and cheeks, for the purpose of pacifying the sufferer. The attention of the nurse being called to that fact, she avoided, subsequently, contact with the patient. By mere external treatment, unguentum hydr. biniodidi, (gr. v. to  $\frac{3}{4}$  ss.) the local

symptoms gradually subsided, and, after some months, the nurse remained entirely free.

*To be continued.*

*Medical Missionary Society of China.*—The twenty-second annual meeting of this Society was held at Canton, January 17th, 1861. From the report of the hospital, presented by John G. Kerr, M. D., we learn that the number of patients received during 1860, was 17,631. Two hundred and six in-patients were admitted, and more than two hundred and fifty surgical operations were performed. The diseases treated have been, a majority of them of a chronic character. Those of the eye and skin, rheumatism, bronchitis, dropsy, scrofula, have been most numerous. The vaccine department established last year, has been continued with very satisfactory results. In the spring some fresh lymph was obtained from Dr. Murray, Colonial Surgeon of Hong Kong, from which about seven hundred were vaccinated. Vaccination has been practiced in China for many years, and the history of its introduction there is as follows: A man, whose family name was Yau, was instructed in the art in 1805 by Dr. Alexander Pearson. He continued in the practice for many years, and was succeeded by his son, from whom the Missionary Society procured the lymph. His method of operating was to make four or five transverse incisions in the arm, half an inch long, with the lancet, and then dipping it in the mature vesicle the lymph is transferred directly from one arm to another. Mr. Yau has a portrait of Dr. Pearson in his office, and he also keeps for distribution a concise history of vaccination, from which it appears that "it came from the west." In the tenth year of the Emperor Ka Hing, (1807,) my honored father, Ho Chun, first obtained and disseminated it every where. Verily it is an advantage to children that they may escape the heaven's flowery pestilence (small-pox.) Formerly when the General Topography of Canton Province was being revised, the Gov. Gen Un commanded the account of vaccination to be inserted in the records of the capital in connection with my honored father. In the nineteenth year of Ka Hing, (1815,) application was made to the Hong merchants to establish a vaccine dispensary so that the virus might never be lost. In the twenty-second year of Ka Hing, (1818,) my honored father commanded me to devote myself exclusively to this art in the dispensary." In the twenty-seventh year of Tau Kwong, (1849,) Tau went to the imperial city to disseminate vaccination; in 1850 his father died, and as his dying injunction, said, "You, my eldest son, have received my instructions for more than thirty years—hereafter it devolves upon you to disseminate abroad this benevolent art, and never permit it to be lost." In 1852 the vaccine dispensary was re-established, and Yau was invited to superintend the business. "Now," he says, "the virus

which I use is derived directly from that brought by the Hong merchants, and before it is used, a man skilled in detecting leprosy examines the child, and thus all danger is avoided." From this source it is probable vaccination is extensively practiced in the celestial empire.

The report upon the surgical cases treated is so interesting, that we shall republish it almost entire.

*Vermont Medical Society—Semi-Annual Meeting.*—The Vermont Medical Society met on Wednesday, June 19, in Rutland, the president, Dr. Morgan, of Bennington, in the chair. The subject of Diphtheria was taken up and very ably discussed by Drs. Cushman, Griswold, Knowles, Woodward, McCollom, Huntington, Cochran, Pond, Cook, and the president.

On motion of Dr. McCollom, the chair appointed, as a committee to report upon the qualifications of candidates for membership to their Society, Drs. Love, Griswold, and Knowles.

The Society met Thursday, June 20th, at 9 o'clock, A. M., pursuant to adjournment. The Business Committee reported for discussion—1st. Diphtheria. 2d. Placenta Prævia. 3d. Injuries of the Hip-Joint. 4th. Abscess of the Lungs.

On motion of Dr. Cook, it was voted that the President and Secretary be a committee to designate members of the Society who shall prepare written articles upon some subjects connected with the medical profession, to be read at the annual meeting of the Society.

The discussion upon Diphtheria was renewed by Dr. Cushman; after which Dr. Griswold reported a very remarkable case of abscess of the lungs. Dr. Perkins reported a case of phlegmonous abscess, somewhat analogous to the one reported by Dr. Griswold. The subject of injury of the hip-joint was next taken up and ably discussed by Dr. Cochran, who reported a number of cases. The discussion was participated in by Drs. Paige and Cushman, who reported a number of cases, mostly in females; and Dr. Russ reported a case of fracture of the neck of the femur, in which there was perfect recovery, and the surgeon was sued for malpractice in confining the patient when there had been no fracture. After a contested suit of some years' duration, the case was settled, and a few years after, upon the death of the woman, a post-mortem examination disclosed the fact that there had been a very peculiar fracture and perfect recovery. Drs. Bates and Brigham reported cases.

In the afternoon, Dr. Spencer reported a case of disease of the knee-joint, and gave the members of the Society an opportunity to examine the same. The subject of placenta prævia was called up, when the following-named gentleman spoke on the subject, and reported cases: Drs. Cushman, Perkins, and Woodward. Dr. Noble called the attention of the Society to the con-

sideration of phlegmasia dolens, which subject elicited many valuable remarks. Dr. Wardner reported a case of strangulated hernia, where the use of ether by inhalation remarkably facilitated the reduction of the constricted bowel. Dr. Russ made some valuable remarks upon the same subject, and reported cases of interest—showing the beneficial effect following the use of large doses of opium and the external application of cold to the tumor. Dr. H. R. Jones spoke on the subject, and Dr. Danforth reported a very remarkable and interesting case.—*Boston Med. & Surg. Journal.*

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Weekly Summary of Medical Journalism.

By O. C. GIBBS, M.D.,  
Of Frewsburg, N. Y.

##### EPILEPSY TREATED WITH BELLADONNA.

In lecture fifth, by M. Gonzalez Echeverria, M.D., on diseases of the nervous system, which is published in the *American Medical Times* for June 8th, the following language occurs:

"Few, indeed, are the substances not vaunted as specifics for epilepsy. It would be useless and tedious to review them all, and I will only refer to those producing a marked favorable effect. Belladonna is among the least uncertain remedies; it is prescribed in doses of a quarter or eighth grain twice a day, and may be continued in increasing quantities for a long period. I have seen it used by numerous patients with marked improvement. It may also be accompanied with cold douches to the spine, a strict diet, exercise in the open air, and, if required, with cauterization or a seton to the back of the neck. I judge it one of the surest remedies for epilepsy."

##### CHRONIC MYELITIS.

In the *American Medical Times* for June 15th, Prof. W. A. Hammond, of Baltimore, has a clinical lecture upon the above subject, in which we find a few remarks that we consider well worthy a place in our summary. The case which constituted the subject of the lecture was partially *paraplegic*. Prof. Hammond regarded chronic myelitis as the cause of the symptoms. In regard to treatment, he remarks that "strychnia increases the amount of blood in the spinal cord," and because of that it is condemned in the present case. He says, "There are medicines, however, which directly lessen the amount of blood in the vessels of the cord by the power which they possess of causing contrac-

tion of the organic muscular fibres, which enter into the composition of the coats of the blood-vessels. One of these is ergot; the other, belladonna. You are, doubtless, familiar with examples in which this influence upon the non-striated muscular tissue is exercised by the substances in question. Wharton Jones, several years since, showed that belladonna, when applied locally to the capillaries, diminished their calibre, and consequently lessened the amount of blood which they were capable of holding. Its anti-galactic power is due to the fact that it so constricts the capillaries of the mammary glands, that the supply of blood from which the milk is secreted is cut off. I have several times distinctly seen the capillaries of the frog's foot contract greatly from the application of a watery solution of belladonna to the web. Other examples will occur to you.

Ergot possesses the same power, and, so far as the spinal cord is concerned, in a much greater degree. You all know the influence which this substance exerts upon the organic muscular tissue composing the uterus. Another example of its power is more applicable to the case before us. I refer to the gangrene of the extremities which its prolonged use occasions. This is due to the diminution of the diameter of the capillary blood-vessels, and the consequent deprivation of blood; mortification ensues just as it does when a ligature is placed around the limb." In the case under consideration, Prof. Hammond ordered three grains of ergot to be taken three times a day, and a belladonna plaster to be applied along the spine. This was to be continued so long as improvement was well marked. Should convalescence be interrupted, belladonna was to be administered internally in appropriate doses.

Notwithstanding Prof. Hammond's condemnation of strychnine, about two years since we had a very similar case to the one reported. It had been treated ineffectually by an eclectic for several weeks. We ordered strychnine in conjunction with quinine, one-twenty-fourth of a grain of the former, to be increased to one-sixteenth, and three grains of the latter—both to be given three times a day. Though the patient had been for two months confined to the bed, and had no control over the fecal or urinary evacuations, yet in five weeks she was able to walk without even a cane, and had full control over the natural evacuations. The cases were, probably, not identical, and we allude to them for the purpose of urging that similar cases be scrutinized thoroughly before prescribing. Bearing upon this point, we take pleasure in referring to an article by Louis Bauer, M.D., of Brooklyn, in recent numbers of the *REPORTER*.

##### ABSENCE OF THE UTERUS—THREE CASES IN ONE FAMILY.

In the *American Medical Monthly* for June, Dr.

R. Nelson, of New York, gives an account of a family of five sisters, in three of whom the uterine organ was entirely wanting. Of course, they had never menstruated; neither had either of them suffered from abdominal tumors. Two of the three had been twice married—had strong sexual desires, and presented no obstacles to the consummation of sexual intercourse. The cases are worthy of record, presenting an unique family peculiarity.

#### INFLUENCE OF THE MOTHER'S MIND UPON THE FŒTUS IN UTERO.

In the *Nashville Journal of Medicine and Surgery* for May, Dr. M. M. Davis, of Richmond, Miss., has an article upon this subject. Dr. Davis is a firm believer in the development of abnormalities and inhumanities in utero through the influence of the mother's mind. He narrates a case known to him, in which a woman had been, during her pregnancy, frequently frightened by a horse. Labor came on in due time, "and the object of her labor was expelled lifeless." Dr. Davis thus describes it:—"To the astonishment of the husband and all the attendants, it proved to be, instead of a child, something like the shape of a horse. Its head, ears, nose, neck, body, feet, and legs, were all as much like a horse as if it had been sired and foaled by that species of animals."

The second case came under his immediate observation. The lady, during her pregnancy, had taken a great fancy to a monkey, and miscarried, at what period of her pregnancy we are not informed. Dr. Davis thus describes the expelled contents of the uterus:—"From its neck it had the appearance of a well-formed four months' male fœtus, while its head, mouth, nose, and ears resembled those of a monkey. Its left eye had no lids, but all the ball and membranes seemed to be as blue as indigo, all of which was covered by a thin, transparent membrane. The right eye was not discernable."

#### \* CYSTORRHOEA VS. MATRIMONY.

A correspondent of the *Nashville Journal of Medicine and Surgery*, in the May number of that journal, says that for two years he was troubled with *cystitis*. Several "eminent physicians" were consulted, and a variety of treatment brought to bear upon the case, among which were injections into the bladder of a solution of nitrate of silver, twenty grains to the ounce.

He was advised by his physicians not to marry; but, after being treated ineffectually for two years, he disregarded the advice in this particular. He says:—"In less than three weeks after I married, the disease was entirely well, and I have had but very few slight symp-

toms of the affection since. (Now, about a year.) It seemed to reduce all excitement and produce an equilibrium in the system that acted like a charm."

We think the *non-professional* treatment would be less disagreeable than injections into the bladder of a solution of nitrate of silver, twenty grains to the ounce! But should a married man unfortunately be afflicted with *cystitis*, what is the remedy? Must he marry again?

#### NUTRITIVE ENEMATA.

In the *Berkshire Medical Journal*, for June, Prof. Henry Thayer has a paper upon *nutritive enemata*. He regards them with much favor in all cases where nutriment cannot be swallowed, or if swallowed, cannot be retained upon the stomach. In the same journal, Prof. Sanborn reports an interesting case, illustrating the same practice. The case was one of "prolonged and dangerous sea-sickness and vomiting, complicated with pregnancy, during an Atlantic passage in one of the British steamers."

The lady in question was discovered to be in a state of collapse, from inanition and exhaustion, on the seventh day out from port. In all that time vomiting had been incessant, and nothing whatever had been retained on the stomach. At the time I saw her, she was nearly pulseless, with the blue sunken features, and cold clammy surface that is seen in the last stages of cholera.

The smallest quantity of ice or water was instantly rejected by the stomach, mingled with bloody mucus. I suggested small injections of iced beef-tea, as strong as could be made, to be administered every twenty minutes during the night, at the same time strictly prohibiting the giving of anything after the commencement of the injection. At the end of ten hours she was allowed to take some broth into the stomach, which she retained, and thenceforth her recovery was uninterrupted.

#### SPONTANEOUS INVERSION OF THE UTERUS.

In the *Berkshire Medical Journal*, for June, Dr. Samuel Webber, of Charlestown, N. H., reports a case in which he caught the uterus in the very act of being spontaneously inverted. Immediately after the removal of the after-birth, an examination was made, and the parts found in proper condition. Before the finger was withdrawn, an after-pain came on, which partially inverted the uterus. While examining the extent and character of the disarranged parts, an other and more severe pain came on, which he thus describes: "The orifice (os uteri) not only dilated, but its lips seemed to curl up and retract, and the inner surface of them to be thrown



into wrinkles by the downward pressure of the inverted fundus." We should have observed that, in the examination, the mouth of the womb was not only found dilated, and its lips curled up, but the fundus was found depressed and partially inverted. Thus, it would seem that the inversion commenced at both ends, and, had it been completed, would have been spontaneous. It has been thought by nearly all obstetricians that, in all cases of inversion, a depression of the fundus was the starting point. It is supposed that the fundus is dimpled inwards, and that depression may become greater and greater until the uterus is completely inverted. To our mind, this almost universally received opinion is not philosophical, except in a few exceptional cases. In a few cases where the child is expelled, and the womb does not contract firmly, and the placenta is attached to the fundus, if the woman is in a sitting or standing position, or the physician makes traction upon the cord *before the placenta is detached*, we grant the fundus may be depressed, and complete inversion consummated. To make a homely comparison, which we may use again, the inversion is made in the same manner that a stocking is inverted by seizing the toe from the inside and drawing it through the top, the toe representing the fundus of the uterus. Prof. John Delemater, of Cleveland, Ohio, was the first, and perhaps the only obstetrician that has admitted that inversion may commence at the neck or mouth, and proceed upward, the fundus being the last inverted. We do not understand him to mean that he believes this to be the common method of inversion, but only an exceptional one. His conditions are somewhat like the following—from great loss of blood, or other causes, the uterus may become completely relaxed, and "as soft and pliable as a wet ox-bladder, while from the entire relaxation, the flow has passed away so freely as to allow of no accumulation within to preserve its cavity, and prevent a collapse of its inner surfaces upon one another, inasmuch that there may remain no cavity into which the flabby fundus could be depressed." In such a case the collapsed body and fundus virtually drop through the flaccid and dilated, or dilatable os—the inversion commencing and proceeding upward from the mouth. Now, in our opinion, the inversion oftener commences at the mouth, but not always nor generally, as Prof. Delamater describes.

To understand our idea, let the reader contemplate, mentally, the condition of things in one or two of the last pains which expel the child. Suppose a breech presentation, (though this is not necessary,) when the breech is about to emerge from the os externum, the body lies along the distended external soft parts and the vagina, and the head in the uterus. As the contracting uterus is the expelling power, the antipode from the presenting part does not leave the uterus until the last expulsive pain. In the

case supposed, the head and largest part passes the mouth of the uterus last, hence, while the *mouth is distended to its widest extent, the body and fundus must be contracting their strongest, in the last final pain, upon top of the head, and in the final escape, almost within the centre of the circle formed by the distended mouth.* Now, if the labor be very rapid, we can readily perceive that the body and fundus, in a rapid and powerful contraction, might pass below the plain of the distended mouth. In the contraction of the mouth they would be caught just beyond their jurisdiction, and the completion of the contraction would complete the inversion, by a rolling backward from the mouth, and the fundus be the last inverted. Returning to the stocking illustration—if the top be grasped and held stationary, and the leg and foot be withdrawn, the top rolls down along the leg and foot until the toe, which represents the fundus, is the last to be inverted. The illustration is not quite complete; for, in the illustration, the stocking is passive, and the foot and leg are withdrawn by an extraneous force, as is a child in forceps delivery. If the stocking were of some powerfully elastic material that was capable of contracting into a comparatively very small ball, and had been forcibly distended by crowding into it the foot and leg, then the illustration might be made more complete. If we seize the top and hold it stationary, and dilated to its utmost capacity, and the balance contracts forcible enough to expel the foot and leg, it will turn wrong-side-out, unless the top be allowed to contract just at the right time.

Time and space at our disposal are extremely limited, and we must, at present, forego further remark. If we have made ourselves understood, it is all we wish at present. When we have time to investigate cases, and examine authorities, we may enter more minutely into this subject. When inversion takes place, as we suppose, and have tried to illustrate, it is evident the placenta must be expelled before or along with the child. If the placenta is behind, and the neck has time to contract, and does it, the uterus cannot well be inverted, except because of adhesions and injudicious tractions. Any person who will take the trouble to examine the well recorded and authentic cases of inversion, we think, will find that the majority of cases have taken place at the conclusion of the last pain, or, at least, that child and placenta have been forcibly and together expelled by one powerful contraction. When the body and fundus are contracting strongly, *their internal surfaces are accurately adapted to and firmly pressing upon their contents. To dimple in and depress the fundus, then, is utterly impossible, and the idea involves an absurdity.* As well may we expect the toe of the closely-fitting stocking to dimple and depress when the leg and foot are being withdrawn. When the inversion takes place at the time we are now considering and under the circumstances described, it must commence at the open extremity of the womb, and

from thence proceed towards the closed extremity, or the fundus.

#### THE NECROLOGY OF CHLOROFORM.

At a meeting of the Western Medical Society of London, reported in the *Medical Times and Gazette*, Dr. Sansom remarked that he considered that, at the highest estimate, the number of deaths from chloroform to the number of inhalations bore the proportion of one to ten thousand. Various considerations, however, concurred to show that this should be very much more favorable. In the first place, it was very probable that several of the deaths were from shock or fright, and not from chloroform; and in furtherance of this view was the fact that half of the number of deaths occurred before the commencement of the operation for which chloroform was administered. Another avoidable circumstance increasing the death rate was supposed to be carelessness and laxity in the administration of the vapor. Circumstantial records of thirty-four cases of death which have occurred since the publication of Dr. Snow's work, were presented; the author combined them with those recorded in that volume, and offered an analysis of their most salient points. In cases of death the proportion of males and females is about two to one, and this seemed to the author strange, since the anæsthetic is so largely used in midwifery. The average age for death is thirty to forty. It certainly seems that the strong and healthy stand a worse chance than the debilitated; but of all states of the system, chronic or acute, alcoholism the most predisposes to death. Extensive disease of the lung occasionally disposes to death from asphyxia; disease of the heart probably does not influence the mortality. Dr. Sansom strongly deprecated the administration of chloroform sprinkled on handkerchiefs, etc., basing this not only on the observed fact that a highly-charged atmosphere (5 per cent. Snow, 8 per cent. Lallemand, Perrin, and Duroy) was fatal to animals, but on the circumstance that of all the cases which he had collected only two were mentioned as occurring wherein a proper inhaler had been used. Of fifty-one cases thirty-eight declared their danger by sudden stoppage of the pulse. Five deaths occurred in which there was manifested great muscular excitement, collapse immediately following; these were all strong men in their prime. Sudden vomiting and then death occurred twice; congestion of the face was the most marked sign in six, and cessation of breathing in eight cases. Dr. Sansom considered that death occurs both by asphyxia and by syncope—in animals by palsy of respiration, the heart being "ultimum moriens;" in man occasionally from this cause, but more frequently from palsy of the heart, the respiration outliving it. In animals a constant sign on post-mortem examination is distension of the right chambers of the heart; in

man this is a frequent, but still far from a constant sign. Fluidity of the blood, and a dark color thereof, occur almost invariably. The following were the author's conclusions:—In animals death occurs by asphyxia, and begins in the brain. In man death occurs by asphyxia or syncope, and begins in the brain, in the heart, or in the lungs. Artificial respiration is the only reliable means for restoration in critical cases. Galvanism of the phrenic is valuable where the means are at hand. Before anything is done the tongue should be well drawn forward, and the mouth and throat cleared from mucus.

#### RESECTION OF THE ELBOW-JOINT.

This operation was performed on the 27th April ult., in St. Patrick's Hospital, Montreal. The patient was a girl, twenty-three years of age; the disease, extensive caries of the right elbow. The joint was greatly swollen and painful; the skin red and shining; and two sinuses communicated with the interior of the joint. Ankylosis (in a straight position) was complete. The olecranon process was first removed; then the radius and ulna down to the tuberosity of the former, as well as the condyles of the humerus, and all the shaft below the condyloid ridges were sawed off. Hemorrhage was very trifling; union took place by first intention, except at sites of former fistulous openings, through which a moderate discharge was kept up for about three weeks. No pain or febrile disturbance followed, and now (five weeks after the operation) the forearm passively describes a circle of 130 degrees without, while active motion is being rapidly gained.—*Brit. Am. Journal*.

[The practice of olden surgery was to amputate frequently, often unsuccessfully. The triumph of modern surgery is to save the limb from the amputating knife, and thus ordinarily save also the patient from the grave.]

#### GELSEMIN IN SPERMATORRHOEA.

A physician writes to the *Am. Jour. Mat. Med.*, recommending the use of gelsemin in spermatorrhœa. He "had taken but four doses before the emissions ceased, and, by continuing the medicine, my appetite returned—the peculiar cadaverous hue of my face yielded to a more healthy color, and I was cured of my disease."

A remarkable cure; but why did not "a physician" save his co-laborers time and trouble by informing them how the medicine was prepared, and in what doses taken?

Infants, at birth, are like boats pushed from the land into a dangerous ocean. Some go down in the act of launching. As the fleet moves from the shore, one after another of the tiny craft disappears beneath the wave. A third have perished ere the weakness of childhood grows into the strength of youth.—*Dr. Woodward's Address*.

## THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JULY 6, 1861.

### THE NEW SANITARY COMMISSION FOR THE ARMY.

Within the past few weeks a sanitary commission, consisting of Henry W. Bellows, of New York, President; Prof. A. D. Bache, of Washington, Vice-President; Elisha Harris, M.D., of New York, Corresponding Secretary; Geo. W. Cullum, U. S. A., Washington; Alex. E. Shiras, U. S. A., Washington; Robert C. Wood, M.D., U. S. A., Washington; Wm. H. Van Buren, M.D., New York; Wolcott Gibbs, M.D., New York; Samuel G. Howe, M.D., Boston; Cornelius R. Agnew, M.D., New York; J. S. Newberry, M.D., Cleveland; George T. Strong, New York; and Frederick Law Olmsted, New York, has been organized at Washington, D. C. The commission was appointed by the War Department, on the suggestion of the Medical Bureau at that city, and has the cordial coöperation and support of the government. Rooms are assigned for its use in the Treasury building. It "is vested with full authority by the Surgeon-General of the army to inspect and examine all posts, camps, and hospitals, and holds the order of the Secretary of War, that all persons in the employ of the government respect and further the inquiries and objects of the commission to the utmost of their ability." The objects proposed to be accomplished are "to devise and thoroughly execute such sanitary regulations, as will tend to economise the lives of the soldiers, and save the nation more men, money and time than could be effected by any improvement in the arms put into their hands." To effect this object, at once so commendable and so desirable, the commission propose to initiate a systematic plan by which the army shall be supplied with food properly cooked, and with properly purified water—two items, the want of which is equivalent to a difference of at least forty per cent. of its available strength, in a period of three months. "The clothing supplied the volunteer regiments, their tents, huts and quarters, their hospitals, their supply of nurses, the purity of the medicines supplied, the general sanitary regulations, (as to ventilation of tents

and quarters, for instance, drainage of camp sites, the use of disinfectants, bathing and personal cleanliness,) to be enforced as a part of our military system;—precautions against disease to be adopted in particular localities," are also subjects which come within the range of investigation and action proposed by the commission.

The commission have thus laid out for themselves a work, vast in magnitude and in importance, and, if fully executed in accordance with their design, "will save," in their opinion, "at least 20,000 out of every 100,000 men raised for the war from perishing uselessly, ingloriously, and unnecessarily, from the mere want of systematic precautions which ought to be provided against the perils of exposure and disease."

In prosecuting the stupendous work thus marked out, the "members of the commission gladly serve without fee or reward," and appeal with perfect confidence to the liberality of their fellow citizens for the funds necessary to enable them to execute what they had undertaken. Permanent salaried agents must be employed at Washington and other great military centers. Expenses of traveling, printing, and transportation, must be paid. To meet these outlays, donations and subscriptions are earnestly solicited, and should be addressed to its Treasurer, George T. Strong, No. 80 Wall street, New York.

The commission, thus organized, commends itself to the sympathies, and to the earnest coöperation of all the benevolent and humane. The most incalculable good must result from its action, not only to the army itself, but also to the profession and the world, as its deliberations and conclusions will no doubt be hereafter published.

To say nothing of the fact that the Medical Profession of Philadelphia is unrepresented in this important commission—a fact for which we are at a loss to account—it strikes us as somewhat anomalous, that since the commission is appointed by the War Department, at the suggestion of the Medical Bureau at Washington, has for its object to relieve that Bureau of labor which it is impracticable for it to perform, and is directly connected with the welfare of the army, and thus of the government, in this emergency, the government should not at once assume all the expense attending it. Why should "contributions and

donations" be solicited from the people, to prosecute a work undertaken by order and under the sanction of the Government? And why should eminent men, in professional or civil life, be allowed to announce their indispensable and invaluable services as a "gratuity?" Modesty, or, to them, "obvious reasons," may forbid their asking "Congress for an appropriation," but, in our view, that body should provide all the means necessary to make the "sanitary commission" the creature of the government itself—efficient, energetic, and practically beneficial in its results.

The necessity is paramount, that vigilant measures shall be taken for the sanitary protection of the great army now in the field, nor should the means employed for this purpose be stinted to the benefactions of a few benevolent individuals. Let the treasury of the Government be devoted to the work, and it thus be made an honor to the nation.

—o—  
A full sized man has in his vascular apparatus at least fifty pounds of blood. The heart contracts seventy-five times per minute, with sufficient force to propel its contents through the aorta to the minutest capillaries. Assuming that there are five pounds of fluid in the effluent currents, this weight will be lifted forty-five hundred times in a single hour by the involuntary pulsations of the heart. Or, if we suppose the muscular exertion thus equally diffused over a period of sixty minutes, to be concentrated in one effort, more than 20,000 pounds would be lifted by the heart and hurried to all parts of the frame.—*Dr. Woodward's Annual Address, Conn.*

The physician of this enlightened age has a higher duty to perform than the simple administration of medicine to the sick. It is incumbent on him, as guardian of the public health, to go behind mere symptoms and pains, to investigate ultimate causes, to ascertain, by patient research, the essential conditions of health and longevity, and then to teach others the truths he has learned. He who is content to combat this or that sign of disease with the weapons of the *materia medica*, is stumbling at the threshold of his work.—*Ibid.*

We are persuaded that the secondary appetites have sometimes been fully formed during the first year of infancy. The babe cries, whereupon the nurse administers some alcoholic preparation to relieve an imaginary colic. "The medicine" evidently works like a charm, for the wailing ceases, and deep sleep ensues. Yet the apparent slumber was not the repose of nature, but the stupor of intoxication. The child thus wickedly outraged, is, in reality, a drunkard. The thirst for spirituous liquors is thus fully developed.—*Ibid.*

## Correspondence.

**Military Matters—Meeting of the Society for Medical Improvement—Important Discussion—Anæsthetics in Capital Operations—Dr. Jackson's forthcoming Work—Free Hospital in Boston—City Registrar's Report—New Ambulances for the Regiments—Medical Benevolent Society.**

Boston, June 27, 1861.

Although the freshness of the sensation produced by the great uprising of the people, at the call to arms, has in a measure worn off, and our community have become accustomed to the tread of armed battalions filing through our streets, it is, nevertheless, true that military matters outrank every thing else in interest. Medically, the most frequently discussed topics are those connected with military surgery, and the hygiene of the camp. The Board of Examiners are steadily and faithfully at work selecting the most competent of those who apply for surgeons' commissions in the volunteers, and our Surgeon-General finds his office no sinecure. The importance of selecting competent men cannot be overstated, and it is to be hoped that none but those medically and physically qualified will be sent with the regiments which go to their duty under the hot sun of the South.

One of our societies—the Society for Medical Observation—has adjourned over the hot weather, to meet again in September.

At the last meeting of the Society for Medical Improvement, quite an interesting discussion took place upon the effect of anæsthetics in retarding or preventing union by the first intention in capital operations, and its effect in increasing secondary hemorrhage. Coming up, as it did, in the course of a debate upon another subject, but few facts were brought out from which any definite conclusions could be drawn, but enough was presented on both sides of the question to make it very evident that there is ample room for investigation upon this point. As to the general subject of anæsthetics, and the relative value of sulphuric ether and chloroform, the society have already taken the initiative in the appointment of a committee to collect facts, and report. I notice in a recent number of one of the leading London journals, that the circular emanating from this committee has been received, and commended to the profession there. Much has been done in various departments of medicine as to the effect of anæsthetics, but there yet remains a great and crowning work to do, in combining the whole into one grand consolidated report, which may command the confidence of the profession at large, and serve as a



book of reference for all who desire to avail themselves of this great boon to human suffering. Dr. Charles T. Jackson, of this city, well known as one of our most able chemists, and one of the original discoverers of etherization, has on hand a manuscript work on the use of anæsthetics in military surgery, which he has prepared with especial reference to the wants of the surgical department of our volunteer force, and that of the regular army also. It is a compact and complete hand-book, and I hope some enterprising and patriotic publisher may be found, who will undertake its publication.

To you, whose *habitat* is in a city where free hospitals abound, it may seem strange that a project for a similar institution should drag its slow length along, as does our's-here. But so it is. After many starts, the certainty of the undertaking seems at last to be beyond a doubt. At the last meeting of the "Improvement Society" the plans and elevations of the new structure, which obtained the prize offered by the Committee of the City government, were exhibited and explained to the members present. The plan has, at least, the merit of picturesqueness. It provides for a central building, in which the main offices of the hospital are to be placed, and six departments, in six separate buildings, connected with the centre by covered galleries, but entirely disconnected from each other. The idea, which seems to be based upon the importance and necessity of more thorough isolation than is ordinarily attained in hospital arrangements, is no doubt a good one; but in looking at the plan, beautiful and taking as it is, with its architectural embellishments, one cannot help the question that arises, can it be carried out at any reasonable cost? The space which has been allotted for the site is ample—six acres and seven-tenths—in a portion of the city which will always afford free ventilation and air; and there stands to the credit of the hospital on the treasurer's books, the sum of \$35,000, the donation of two individuals. The plan has the preference of four of the consulting physicians of the city.

The weekly reports of the City Registrar show, that during the last month the deaths have been considerably below the average mortality of the same weeks during the ten years, 1851-1861. The per centages, when corrected to the increased population, compare with each other as follows, viz: as 71.5 to 74.18, making the mortality of the last four weeks more than three per cent. less than the average of the previous ten years.

Yankee-like our surgeons have been contriving ambulances for the regiments now under orders. Thus far, three have been built, each differing more or less from the other. To-day, Dr. Rupaner, surgeon to the fourth battalion of rifles, Major Leonard, exhibited one manufactured under his superintendence. It is two-wheeled, is light and strong, will carry two on

beds, besides as many more by side of the driver, and seems to be an admirable affair. One of the beds can be transformed into a litter or an operating table. But one horse is requisite, and for the legitimate purposes of a field ambulance, the object of which is to pick up the wounded and carry them from all parts of the field to a convenient place, where their condition may be attended to, it appears to combine all the requisites. The first one made under the direction of Dr. Parks, surgeon of the Light Artillery, Major Cobb, was rather a hospital wagon than a legitimate ambulance. It was quite large, required two horses to draw it, and in every way was a much more elaborate affair than the one noticed above. Each, no doubt, will be found useful in its place.

In your number for June 15th, among the answers to correspondents, you say, "We know of no such institution (as a medical benevolent society) in the country at the present time." We have one here in this State, which is in successful operation, and has been so for more than three years. There is already a fund, respectable in amount, and the annual meeting is a source of much true, social enjoyment among the brethren. Please make a note of this fact. \*  
TRIMOUNT.

## NEWS AND MISCELLANY.

*Army Medical Department of the State of Pennsylvania.*—The following gentlemen passed, after examination by the Medical Board of the State of Pennsylvania, recently assembled in Harrisburg, have been appointed by the Governor, and have been, or will be, assigned to duty by Surgeon-General Henry H. Smith, as the regiments are organized:—

*Surgeons*—Chas. Bower, of Newton Hamilton; John T. Carpenter, Pottsville; James Collins, Philadelphia; S. D. Freeman, Smithport; A. W. Green, Germantown; H. A. Lichtenthaler, Lock Haven; Adolphus Patze, Philadelphia; J. A. Phillips, Pittsburgh; Lavington Quick, Phoenixville; Thomas B. Reed, Washington, Penn'a; L. W. Read, Norristown; B. Rohrer, Columbia; Ed. Shippen, Philadelphia; Wm. H. Thome, Palmyra.

*Surgeons' Mates*—Edward de W. Brennehan, Lancaster; Isaac J. Clark, Bridesburg; Wm. L. W. Dickeson, Philadelphia; Wm. H. Fowwood, Chester; Wm. F. Humphrey, Osceola, Tioga co.; S. H. Horner, Philadelphia; Thos. Jones, Philadelphia; Z. Ring Jones, Philadelphia; J. W. Lodge, Philadelphia; David McKinney, jr., Pittsburgh; N. F. Marsh, Honesdale; H. F. Martin, Allentown; H. K. Neff, Huntingdon; G. L. Pancoast, Philadelphia; H. Chester Parry, Pottsville; J. H. Scheetz, Dale, Berks co.; Joseph Thomas, Applebachville.

Drs. Parry, Horner, and Shippen are at present attached to the three months' regiments. The

others are, or will be attached for three years, or for the war.

The Medical Staff of our State, therefore, now consists of Surgeon-General Henry H. Smith, M. D., Philadelphia; Division-Surgeon James King, M. D., Pittsburgh, and the above list.—Other appointments, as Surgeons and Surgeon's-Mate, will be made by the executive from the list of passed candidates, as they are required by changes in the service.

Camps have been organized at Easton, West Chester, Harrisburgh, and Pittsburgh. Surgeons T. B. Reed, L. Quick, and A. Patze, with Surgeons' Mates, Lodge, Pancoast, and Dickson, are on duty at Easton. Division-Surgeon James King, and Surgeons J. A. Phillips, B. Rohrer and H. A. Lichtenthaler are at Camp Wright, about fifteen miles above Pittsburgh, with Surgeons' Mates McKinney and Neff.

Surgeons Carpenter, Freeman, and Bower, with Surgeons' Mates Marsh, Humphrey and Thomas, are at Camp Curtin, near Harrisburg, and Surgeons L. W. Read and Green, with Surgeons' Mates De Brenneman and T. Jones, are at Camp Wayne, near West Chester.

All the camps have enjoyed fair health, the disorders being chiefly of a light character, not requiring the soldiers to enter the hospitals, though some have been seriously ill. Hospitals have been built, or arranged in buildings connected with all the camps, so as to contain about forty beds in each hospital, and furnished with every requisite for the comfort of the sick. They are provided with experienced hospital stewards and good male nurses. As characteristic of the weekly medical duty of a camp, at present, we quote the following abstract of a camp containing about 3,000 men:

Abscesses, -	5	Otorrhœa, -	2
Anchylosis, -	1	Odontalgia, -	6
Angioleucitis, -	1	Parasites, -	10
Bronchitis, -	7	Pois. Rhus. Toxic, -	3
Bubo, -	2	Pharyngitis, -	1
Catarrh, -	23	Pleurodynia, -	5
Constipation, -	24	Rheumatism, -	15
Conjunctivitis, -	5	Rubeola, -	1
Cephalalgia, -	10	Sunstroke, -	3
Colic, -	2	Sprains, -	6
Cystitis, -	1	Tonsillitis, -	12
Chilblains, -	1	Urticaria, -	4
Diarrhœa, -	63	Ulcers, -	3
Debility, -	8	Veneræal Warts, -	2
Dysentery, -	5	Varioloid, -	6
Erysipelas, -	1	Wounds Punc'd, -	3
Erythema, -	2	" Cont'd, -	7
Eczema, -	3	" Lacer'd, -	3
Furuncle, -	7	" Incis'd, -	2
Gastritis, -	1	" Gunshot, -	
Gonorrhœa, -	20	of Abdomen, -	1
Hæmorrhoids, -	2	" Poisoned, -	1
Intermittent Fever, -	4	" Whitlow, -	2
Laryngitis, -	2		
Mania-potu, -	1	Total, -	310
Neuralgia, -	2		

Jacob Dunton, 917 Marketstreet, has been ap-

pointed by the Governor one of the Medical Purveyors, and every precaution is taken by the Hospital Department not only to secure proper professional attendance on the troops, but also to furnish them with pure medicines and good instruments. We can justly congratulate the State on the efficiency of the service that the Governor has secured to our brave volunteers under this new medical organization, and are satisfied that it will add not only to the comfort and security of the troops, but also to the experience of the surgeons in charge of it.

Nearly every man in all the camps, embracing about 12,000 men, have, by the energy of the medical officers, been vaccinated or re-vaccinated. As the Surgeon-General has directed a strict record to be kept of the result, we hope at some future day to be able to lay it before our readers.

When it is recollected that but four weeks have elapsed since the organization by the Surgeon-General of the "Hospital Department of the State," it is evident that great activity has been shown in the department to secure the health of our soldiers.

### Answers to Correspondents.

*Dr. N. G. H., Conn.*—The matter is now righted. The *REPORTER* will be mailed to you regularly. Glad you gave us the information.

*Dr. M. C. W., Ind.*—We cannot give you the history of the "army worm" you mention, but would refer you, for information, to the agricultural journals, *Prairie Farmer*, Ill., the *Ohio Farmer*, Columbus, Ohio, for example.

*Dr. S. M., Illinois.*—Back numbers all sent as directed.

*Subscriber, N. Y.*—The price of "Dr. Wythe's Dose and Symptom Book, 3d edition," is 60 cts.

*Dr. S. W. P., Rhode Island.*—Book received, and will be duly noticed.

**TO ADVERTISERS.**—We would direct the attention of those desiring to advertise Medical Colleges and Schools, late Works issued from the press, Surgical Appliances, Instruments of every kind, Drugs, Medicines, etc., etc., to the *REPORTER*, as a medium affording unsurpassed facilities for communication with the medical profession in nearly every State in the Union, (every one until the postal facilities were withdrawn from the "seceded" States,) and with the public generally. The circulation of the *Reporter* is more than double that of any weekly or monthly medical periodical in the country. Its terms of advertising are: For 10 lines or less, one insertion, \$1 00; 4 do. \$3.00; 13 do. \$10.00. " 1/2 column, " " \$3.00; 4 do. \$8.00; 13 do. \$15.00. " 1/2 " " \$5; 4 do. \$15; 13 do. \$25; 6 mos. \$35; 1 year, \$50.

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### Communications Received.

*Pennsylvania*—Dr. James Cunningham; Dr. Z. Ring Jones; Dr. H. B. Stevens, with encl. *Connecticut*—Dr. D. D. Hanson; Dr. D. E. Bidwell; Dr. O. S. Hickok; Dr. N. Greyson Hall; Dr. J. Lines, with encl. *Rhode Island*—Dr. S. W. Francis, (2); Dr. G. W. Biggs. *New York*—A. B. & D. Sands, (adv.); Subscriber; Dr. C. L. Mitchell. *Ohio*—Dr. F. Schmidt; Dr. H. H. Smith; Dr. O. C. Gibbs; Dr. N. B. Tyler. *Massachusetts*—Trimount; Dr. T. B. Morgan. *New Hampshire*—H. B. Cross. *New Jersey*—Dr. James E. Van Wagner, with encl.; Dr. Joseph Hedgoc, with encl.; Dr. B. Hamill Nassau; Dr. G. R. Sullivan, with encl. *Indiana*—Dr. M. Calvin West. *Illinois*—Dr. M. Shepherd, Dr. E. M. Edwards.

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